Revision: HCFA-PM-91-4 ATTACHMENT 2.6-A (BPD) AUGUST 1991 Page 21a OMB No.: 0938-State: \_\_\_\_WASHINGTON Condition or Requirement Citation e. For aged and disabled individuals described in 1902(m)(1)(C) section 1902(m)(1) of the Act who are covered and (m)(2)(B)under section 1902(a)(10)(A)(ii)(X) of the of the Act Act, the resource standard is: Same as SSI resource standards. Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy). Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.

TN No	. / . /	
Supersedes TN No.	Approval Date 1/2/92	Effective Date ////9/
<u> </u>		HCFA ID. 7005F

Revision: HCFA-PM-93-5 (MB) MAY 1993

ATTACHMENT 2.6-A Page 22

WAS	SHINGTON		
Condition or Requirement			
7.	Resource Standard - Medically Needy		
	a. Resource standards are based on family size.		
	<ul> <li>A single standard is employed in determining resource eligibility for all groups.</li> </ul>		
<del> </del>	c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for		
	Aged Blind Disabled		
	Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates.		
8.	Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries		
	For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act and specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI standard.		
9.	Resource Standard - Qualified Disabled and Working Individuals		
	For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.		
	Con		

TN No. 93-29 Supersedes	Approval	Date	SEP	13	1993	Effective Date	7/1/93
TN No. 91-22	-						

TN No.

Revision: HCFA-PM-91-8 (MB)

October 1991

ATTACHMENT 2.6-A Page 22a OMB No.:

State/Territory: WASHINGTON

Citation		Condition or Requirement				
1902(u) of the Act	9.1	For COBRA continuation beneficiaries, the resource standard is:				
		Twice the SSI resource standard for an individual.				
		More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.				

TN No. 9/-29
Supersedes Approval Date  $\frac{2/4/92}{}$  Effective Date  $\frac{12/1/91}{}$ 

HCFA ID: 7985E



Revision: HCFA-

HCFA-PM-93-5

(MB)

ATTACHMENT 2.6-A Page 23

MAY 1993

State: WASHINGTON

Deleger \_\_\_\_\_WADITINGTON

Citation

1902(u) of the Act

## 10. Excess Resources

Condition or Requirement

a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

- b. Categorically Needy Only
  - This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.
- c. Medically Needy

Any excess resources make the individual ineligible.

TN No. 93-29
Supersedes Approval Date SEP | 3 1032 Effective Date 7/1/93
TN No. 91-22

l f

Revision: HCFA-PM-91-4

(BPD)

AUGUST 1991

ATTACHMENT 2.6-A Page 24 OMB No.: 0938-

HCFA ID: 7985E

11. Effective Date of Eligibility  a. Groups Other Than Qualified Medicare Beneficiaries  (1) For the prospective period.  Coverage is available for the full month if the following individuals are eligible at any time during the month.  X Aged, blind, disabled.  X AFDC-related.  Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.  AGEDC-related.  (2) For the retroactive period.  Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:  AGEDC-related.  Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.  X AGEDC-related.  AGEDC-related.	Citation			Condition or Requirement
a. Groups Other Than Qualified Medicare Beneficiaries  (1) For the prospective period.  Coverage is available for the full month if the following individuals are eligible at any time during the month.  X Aged, blind, disabled.  X AFDC-related.  Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.  Aged, blind, disabled.  AFDC-related.  (2) For the retroactive period.  Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:  Aged, blind, disabled.  AFDC-related.  Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.  X Aged, blind, disabled.		11.	Effect	ve Date of Eligibility
Coverage is available for the full month if the following individuals are eligible at any time during the month.  X Aged, blind, disabled. X AFDC-related.  Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.  Aged, blind, disabled. AFDC-related.  (2) For the retroactive period.  Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:  Aged, blind, disabled. AFDC-related.  Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.		a.	Groups	Other Than Qualified Medicare Beneficiaries
following individuals are eligible at any time during the month.   X Aged, blind, disabled. X AFDC-related.  Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.  Aged, blind, disabled. AFDC-related.  (2) For the retroactive period.  Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:  Aged, blind, disabled. AFDC-related.  Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.			(1)	For the prospective period.
AFDC-related.  Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements  Aged, blind, disabled AFDC-related.  (2) For the retroactive period.  Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:  Aged, blind, disabled AFDC-related.  Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied  Aged, blind, disabled.				following individuals are eligible at any time
during the month for which the following individuals meet the eligibility requirements  Aged, blind, disabled AFDC-related.  (2) For the retroactive period.  Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:  Aged, blind, disabled AFDC-related.  Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied  Aged, blind, disabled.				
AFDC-related.  (2) For the retroactive period.  Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied: Aged, blind, disabled. AFDC-related.  Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied Aged, blind, disabled.				during the month for which the following
Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:  Aged, blind, disabled.  AFDC-related.  Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.  Aged, blind, disabled.				
the date of application if the following individuals would have been eligible had they applied:  Aged, blind, disabled.  AFDC-related.  Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied  Aged, blind, disabled.			(2)	or the retroactive period.
Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied  Aged, blind, disabled.	-		•	the date of application if the following individuals would have been eligible had they
of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied  Aged, blind, disabled.				
			•	of the third month before the date of application if the following individuals would ave been eligible at any time during that

FEBRUARY 1992

(MB)

ATTACHMENT 2.6-A Page 25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	WASHINGTO	N
		ELIGIBILITY CONDITION	S AND REQUIREMENTS
Citatio	n(s)	Condition o	or Requirement
1920(b)(1) the Act	of	(3)	For a presumptive eligibility for pregnant women only.
			Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902(e)(8) 1905(a) of Act		de: Act the in to see	r qualified Medicare beneficiaries fined in section 1905(p)(1) of the t coverage is available beginning with e first day of the month after the month which the individual is first determined be a qualified Medicare beneficiary under tion 1905(p)(1). The eligibility termination is valid for—  12 months 6 months — months (no less than 6 months and no more than 12 months)

TN No. Approval Date 7-9-92 Effective Date 4/1/92 Supersedes
TN No. 91-22

Revision: HCFA-PM-95-1 (MB)

March 1995

ATTACHMENT 2.6-A Page 26

Citation		Condition or Requirement
1902(a)(18) and 1902(f) of the Act	12.	Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals
		The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.
		Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u> .
1917(c)	13.	Transfer of Assets - All eligibility groups
		The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.
-		Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A</u> , except in instances where the agency determines that the transfer rules would work an undue hardship.
1917 (d)	14.	Treatment of Trusts - All eligibility groups
		The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.
		The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;
		The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of Miller trusts.
		The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to ATTACHMENT 2.6-A.

TN No. <u>95-07</u> Supersedes TN No. <u>91-22</u> Effective Date <u>4/1/95</u> Approval Date